



Informed Consent for Dental Treatment

I request and authorize Mebane Pediatric Dentistry to examine, clean and provide dental treatment on my child's teeth. I further request and authorize the taking of dental x-rays as may be considered necessary by Dr. Jina Yoo to diagnose and/or treat my child's dental problem. I will allow photographs to be taken of my child or child's teeth for diagnostic & academic purposes. I understand that dental treatment for children includes efforts to guide their behavior by helping them to understand the treatment in terms appropriate for their age. Dr. Yoo will provide an environment to help children learn to cooperate during treatment by using positive encouragement, explanation and demonstration of procedures and instruments. I understand that during the course of my child's dental treatment, something may arise that may necessitate procedures in addition to or different from those listed on the treatment plan and I will be consulted prior to initiation of these changes. I confirm that I have read and understand this form and give consent for all necessary dental treatment.

Patient's name: _____

Legal Guardian's signature: _____

Relationship to patient: _____ **Date:** _____

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